**Incident Investigation Report**

\*Use this form to meet the compliance requirements of WAC 296-800-32025

(This form is an example, modify it as needed.)

**Instructions**: Incident investigators complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

|  |  |
| --- | --- |
| This is an investigation report of a: ❑ Close Call (“Near Miss”)❑ First Aid Only❑ Dr. Visit Only❑ Lost Time❑ Death  | Did injured employee submit a Report of Injury, Illness, or Close Call?❑ Yes❑ No  |

|  |
| --- |
| **Step 1: Injured employee (complete this part for each injured employee)** |
| Name:  | Sex: ❑ Male ❑ Female | Age: |
| Department: | Job title at time of incident: |
| Part of body affected: (shade all that apply)Body Diagram | Nature of injury: (most serious one) ❑ Abrasion, scrapes❑ Amputation❑ Broken bone❑ Bruise❑ Burn (heat)❑ Burn (chemical)❑ Concussion (to the head)❑ Crushing injury❑ Cut, laceration, puncture❑ Eye injury❑ Hernia❑ Illness❑ Sprain, strain ❑ Damage to a body system (e.g., nervous, respiratory, or circulatory systems):❑ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | This employee works:❑ Regular full time ❑ Regular part time ❑ Seasonal❑ Temporary |
| Years/months with this employer: |
|
| Years/months doing this job: |
|  |

|  |
| --- |
| **Step 2: Describe the incident** |
| Incident Date:  | Exact location of the incident:  | Exact time: |
| What part of employee’s workday? ❑ Entering or leaving work ❑ Doing normal work activities❑ During meal period❑ During break❑ Working overtime❑ Other |
| Names of witnesses (if any): |
| Number of attachments:  | Written witness statements: | Photographs: | Maps / drawings: |
| What personal protective equipment was being used (if any)? |
| Describe step by step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.   Description continued on attached sheets: ❑ |

|  |
| --- |
| **Step 3: Why did the incident happen?** |
| Unsafe workplace conditions:(Check all that apply)❑ Inadequate guard❑ Unguarded hazard❑ Safety device is defective❑ Tool or equipment defective❑ Workstation layout is hazardous❑ Unsafe lighting❑ Unsafe ventilation❑ Lack of needed personal protective equipment❑ Lack of appropriate equipment / tools❑ Unsafe clothing❑ No training or insufficient training❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Unsafe acts by people:(Check all that apply)❑ Operating without permission❑ Operating at unsafe speed ❑ Servicing equipment that has power to it❑ Making a safety device inoperative❑ Using defective equipment❑ Using equipment in an unapproved way❑ Unsafe lifting by hand❑ Taking an unsafe position or posture❑ Distraction, teasing, horseplay❑ Failure to wear personal protective equipment❑ Failure to use the available equipment / tools❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unsafe environment? (Check all that apply)❑ Light ❑ Dark❑ Indoors ❑ Outside ❑ Uneven ground❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Visibility (fog or shadows)❑ Windy ❑ Wet ❑ Heat ❑ Cold weather or ice  |
| Why did the unsafe conditions exist? |
| Why did the unsafe acts occur? |
| Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? ❑ Yes ❑ No If yes, describe: |
| Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No |
| Have there been similar incidents or near misses prior to the incident? ❑ Yes ❑ No |

|  |
| --- |
| **Step 4: How can future incidents be prevented?** |
| What corrective action(s) do you suggest to prevent this incident/near miss from happening again? ❑ Stop this activity ❑ Write a new policy/rule ❑ Guard the hazard ❑ Enforce existing policy ❑ Train the employee(s) ❑ Routinely inspect for the hazard ❑ Train the supervisor(s) ❑ Personal Protective Equipment ❑ Redesign task steps ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Redesign work station  |
| What should be (or has been) done to carry out the suggestion(s) checked above?Description continued on attached sheets: ❑ |

|  |
| --- |
| **Step 5: Who completed and reviewed this form? (Please Print)** |
| Written by:  | Title:  |
| Department:  | Date: |
| Names of investigation team members:  |
| Manager review by:  | Date: |
| Manager comments: |
| Safety Director review by: | Date: |
| Safety Director comments: |